CITY OF NEW ORLEANS

ANNUAL/SICK LEAVE DONATION FORM

(Unclassified Service)

This form must be filled out completely and submitted to the Director of Personnel to allow for the donation to a unclassified employee of annual or sick leave with pay in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum No. 91, a physician's statement including a diagnosis and prognosis must be attached.

| must be attached. | |
|--|---|
| SECTION I: GENERAL INFORMATION | |
| DONOR INFORMATION | |
| Name: SS# | Dept: |
| Amount of Sick Leave Remaining:, | |
| | (date) |
| Amount of Annual Leave Remaining: | , as of |
| | (date) |
| RECIPIENT INFORMATION (unclassified employee) | l . |
| Name: SS# | Dept: |
| Amount of Sick Leave Remaining:, | as of |
| | (date) |
| Amount of Annual Leave Remaining: | |
| Amount of Amitan Board Remaining. | (date) |
| Consecutive Service Date (recipient must have | Ç, |
| Consecutive Service Date (recipient must have | s six (o) months of service) |
| | |
| | |
| SECTION II: TO BE COMPLETED BY DONO | K |
| | |
| I hereby agree to donate of my acc | cumulated sick leave and/or of my |
| accumulated annual leave to the employee listed | as the recipient above. I certify that this |
| donation is made without coercion, implied or of | therwise and is strictly voluntary. I am also |
| donation is made without coercion, implied of or | Il future claims to the donated leave |
| aware that in making this donation I relinquish a | in future claims to the donated leave, |
| regardless of the medical condition of either the | recipient or myself. |
| | |
| | |
| (donor's signature) | (date) |
| (30,101 5 218,1100) | |
| | |
| SECTION III: TO BE COMPLETED BY APPO | MANURIC AND RECORDING S |
| SECTION III. TO BE COINTERIND BY ALLC | 11,111,0,110,111,0111,111 |
| | |
| | |
| I hereby approve the above donation of leave wi | th pay: |
| I hereby approve the above donation of leave wi | th pay: |
| I hereby approve the above donation of leave wi | ith pay: |
| | |
| I hereby approve the above donation of leave wi (donor's appointing authority) | ith pay:(date) |
| | |
| (donor's appointing authority) | (date) |
| I hereby approve the above donation of leave wing (donor's appointing authority) (recipient's appointing authority) | |
| (donor's appointing authority) | (date) |
| (donor's appointing authority) | (date) |
| (donor's appointing authority) (recipient's appointing authority) | (date) |
| (donor's appointing authority) (recipient's appointing authority) | (date) |
| (donor's appointing authority) | (date) |
| (donor's appointing authority) (recipient's appointing authority) | (date) |

CITY OF NEW ORLEANS

ANNUAL/SICK LEAVE DONATION FORM

(Classified Service)

This form must be filled out completely and submitted to the Director of Personnel to allow for the donation to a classified employee of annual or sick leave with pay in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum No. 91, a physician's statement including a diagnosis and prognosis must be attached.

| SECTION E: GENERAL INFORM | ************************************** | | |
|---|--|--|---------------------------|
| | AATION | | |
| DONOR INFORMATION | | | |
| Name: | SS# | Dept: | |
| Amount of Sick Leave Remaining: | | _, as of | |
| Amount of Annual Leave Remaining | 1 <i>a</i> - | (date) | |
| Amount of Annual Leave Remainir | ig | | |
| RECIPIENT INFORMATION (class | ssified employee) | (date) | |
| Name: | SS# | Dept: | |
| Amount of Sick Leave Remaining: | | , as of | |
| | | (date) | |
| Amount of Annual Leave Remaining | ıg: | | |
| Consecutive Service Date | | (date) | |
| Consecutive Service Date | (recipient must ha | ve six (6) months of service | s) |
| | | | |
| SECTION II: TO BE COMPLE | TED BY DONG |)R | |
| I hereby agree to donate | | | |
| accumulated annual leave to the donation is made without coercid aware that in making this donation regardless of the medical conditions. | on, implied or con on I relinguish | otherwise, and is stri all future claims to | ctly voluntary. I am also |
| | on of child the | | |
| (donor's signature) | | (date) | |
| SECTION III: TO BE COMPLE | ETED BY APPO | DINETNG AUTHOR | STANDING |
| • | | | 38880-5 |
| • | tion of leave w | | 388865 |
| • | tion of leave w | | 388863 |
| I hereby approve the above donat | | ith pay: | 388865 |
| I hereby approve the above donate (donor's appointing authority) | ty) | (date) | |

RULES OF THE CIVIL SERVICE COMMISSION CITY OF NEW ORLEANS

RULE VIII

- 2.1 (g) Subject to the prior approval of the director of personnel, an appointing authority may allow an employee to donate sick leave with pay or annual leave to another employee subject to the following conditions:
 - 1. the recipient must have been employed with the city for a period of not less than six (6) months.
 - donated annual leave shall be converted to sick leave and added to the recipient's sick leave balance.
 - 3. the donor relinquishes all future claims to the donated leave, regardless of the medical condition of either the donor or recipient.
 - 4. the donation must be strictly voluntary, without coercion, implied or otherwise, and must be certified in writing by the donor in advance of the actual transfer of sick leave from the donor to the recipient.
 - 5. in cases where an employee is donating leave with pay to an employee in another organization unit, the approval of both appointing authorities is required.
 - following approval, the appointing authority/authorities must submit all the necessary leave adjustment forms to the Finance Department with appropriate documentation.